

SOUTHWEST HEALTH CENTER NURSING HOME

808 SOUTH WASHINGTON STREET

CUBA CITY 53807 Phone:(608) 744-2161

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/02): 94

Total Licensed Bed Capacity (12/31/02): 94

Number of Residents on 12/31/02: 84

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

Yes

Yes

83

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		34.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		31.0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	2.4		More Than 4 Years		34.5
Day Services	No	Mental Illness (Org./Psy)	9.5	65 - 74	4.8		-----		-----
Respite Care	Yes	Mental Illness (Other)	14.3	75 - 84	36.9				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	46.4		*****		*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5		Full-Time Equivalent		
Congregate Meals	No	Cancer	3.6		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.6		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	26.2	65 & Over	97.6		-----		-----
Transportation	No	Cerebrovascular	25.0		-----		RNs		10.9
Referral Service	No	Diabetes	4.8	Sex	%		LPNs		6.4
Other Services	Yes	Respiratory	1.2	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.5	Male	26.2		Aides, & Orderlies		34.4
Mentally Ill	No		-----	Female	73.8				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	1.9	128	0	0.0	0	1	4.0	157	0	0.0	0	0	0.0	0	2	2.4
Skilled Care	7	100.0	163			47	90.4	110	0	0.0	0	22	88.0	141	0	0.0	0	0	0.0	0	76	90.5
Intermediate	---	---	---			4	7.7	92	0	0.0	0	2	8.0	121	0	0.0	0	0	0.0	0	6	7.1
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0				52	100.0		0	0.0		25	100.0		0	0.0		0	0.0		84	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:						Activities of	%	% Needing Assistance of	% Totally	Total
						Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	11.8					Bathing	1.2	76.2	22.6	84
Private Home/With Home Health	7.1					Dressing	8.3	72.6	19.0	84
Other Nursing Homes	8.2					Transferring	31.0	50.0	19.0	84
Acute Care Hospitals	70.6					Toilet Use	27.4	48.8	23.8	84
Psych. Hosp.-MR/DD Facilities	1.2					Eating	79.8	9.5	10.7	84
Rehabilitation Hospitals	0.0					*****				
Other Locations	1.2					Continence		%	Special Treatments	%
Total Number of Admissions	85					Indwelling Or External Catheter		2.4	Receiving Respiratory Care	15.5
Percent Discharges To:						Occ/Freq. Incontinent of Bladder		56.0	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	19.5					Occ/Freq. Incontinent of Bowel		35.7	Receiving Suctioning	0.0
Private Home/With Home Health	24.1					Mobility			Receiving Ostomy Care	2.4
Other Nursing Homes	5.7								Receiving Tube Feeding	1.2
Acute Care Hospitals	11.5					Physically Restrained		1.2	Receiving Mechanically Altered Diets	23.8
Psych. Hosp.-MR/DD Facilities	1.1					Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0								Have Advance Directives	85.7
Other Locations	2.3					With Pressure Sores		2.4	Medications	
Deaths	35.6					With Rashes		1.2	Receiving Psychoactive Drugs	67.9
Total Number of Discharges										
(Including Deaths)	87									

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	87.4	1.01	85.1	1.04
Current Residents from In-County	58.3	84.3	0.69	76.6	0.76
Admissions from In-County, Still Residing	25.9	15.2	1.70	20.3	1.27
Admissions/Average Daily Census	102.4	213.3	0.48	133.4	0.77
Discharges/Average Daily Census	104.8	214.2	0.49	135.3	0.77
Discharges To Private Residence/Average Daily Census	45.8	112.9	0.41	56.6	0.81
Residents Receiving Skilled Care	92.9	91.1	1.02	86.3	1.08
Residents Aged 65 and Older	97.6	91.8	1.06	87.7	1.11
Title 19 (Medicaid) Funded Residents	61.9	65.1	0.95	67.5	0.92
Private Pay Funded Residents	29.8	22.6	1.32	21.0	1.41
Developmentally Disabled Residents	1.2	1.5	0.82	7.1	0.17
Mentally Ill Residents	23.8	31.3	0.76	33.3	0.71
General Medical Service Residents	9.5	21.8	0.44	20.5	0.46
Impaired ADL (Mean)*	45.0	48.9	0.92	49.3	0.91
Psychological Problems	67.9	51.6	1.31	54.0	1.26
Nursing Care Required (Mean)*	5.8	7.4	0.78	7.2	0.81